ICD-10 Implementation and Testing
Frequently Asked Questions (FAQs)

The transition to ICD-10 is necessary due to the data limitations ICD-9 produces related to patients' conditions and hospital inpatient procedures. ICD-9 is outdated, inconsistent with current medical practice and limits the creation of new codes. ICD-10 provides an expanded set of diagnosis (ICD-10-CM) and procedure (ICD-10-PCS) codes to keep pace with medical and technological advances. In preparation for the full implementation of ICD-10 code sets on October 1, 2015, the Iowa Medicaid Enterprise (IME) encourages all providers to test ICD-10 claim submissions.

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General Questions:

Q1. How should providers prepare for ICD-10 Implementation?
Providers should prepare for ICD-10 implementation by utilizing the Centers for Medicare and Medicaid Services (CMS) Road to 10 tool which provides useful reference information and includes an online tool called Build Your Action Plan. This tool is designed to help providers build a transition plan to ICD-10. The "Build Your Action Plan" tool will identify any necessary software remediation activities and help select the appropriate set of test claims.

Q2. ICD-10 implementation has been postponed several times. Will it be postponed again?
CMS has set October 1, 2015, as the implementation deadline. The IME will make every effort to post any CMS changes to this date on the DHS ICD-10 Website.

Q3. How will ICD-10 impact providers who currently submit claims to the IME?
Providers will be impacted by the mandated ICD-10 requirements because the IME will not accept claims with ICD-9 codes for services delivered on or after October 1, 2015, and inpatient discharges occurring on or after October 1, 2015.

Q4. Will the IME be ready to accept and process ICD-10 claims on October 1, 2015?
Yes, the IME will be ready to accept and process live ICD-10 claims on October 1, 2015. The IME system and Electronic Data Interchange Support Services (EDISS) claim submission process will process all ICD-10 claims that reflect a date of service (DOS) or discharge date on or after October 1, 2015.

Q5. What is the best way for providers to receive updates on the IME's ICD-10 implementation?
The best way to keep apprised of ICD-10 implementation activities, testing, and any policy change at the IME is by subscribing to receive IME Informational Letters. Providers can subscribe to the IME Informational Letters using the Iowa Medicaid Portal Access (IMPA) system. Additional information can also be found on the ICD-10 webpage.

Q6. Will the IME process ICD-10 codes in advance of the October 1, 2015, deadline?
No, prior to October 1, 2015, the IME will only accept ICD-10 for testing purposes.

Q7. Will the IME still accept ICD-9 codes after October 1, 2015, for appropriate dates of service?
The IME will _**only**_ accept ICD-9 codes on claims for dates of service or discharge dates prior to October 1, 2015 (unless current CMS mandates change).

Q8. Will the IME support both ICD-9 and ICD-10 in production post mandate date of October 1, 2015?
The IME will support processing of ICD-9 claims for services prior to October 1, 2015. The end date for submission of ICD-9 coded claims for services prior to October 1, 2015, would be determined by Policy regarding delayed submission, not by ICD-10 related system limitations. The IME will not support submission of ICD-9 coded claims for services on or after October 1, 2015, without a change in CMS current mandates.

Q9. Will the IME allow for the submission of ICD-9 and ICD-10 codes on a single claim?
No, the IME will not accept both ICD-9 and ICD-10 codes on a single claim.

Q10. Will the IME accept 837 batches with both ICD-9 and ICD-10 claims spanning the conversion deadlines?
Batches spanning the implementation date may include both ICD-9 and ICD-10 codes as long as each claim in the batch contains only one code set – ICD-9 or ICD-10. A claim displaying both ICD-9 and ICD-10 codes will not be accepted by the IME.

Q11. Will the IME be using one integrated system to process ICD-9 and ICD-10 claims?
Yes. The IME claims test and production systems will be able to process both ICD-9 and ICD-10 coded claims with rules enforced to look for ICD-10 coding. The system will look for ICD-10 coding on claims with dates of service or discharge date on or after October 1, 2015. The system will look for ICD-9 coding on claims with dates of service prior to October 1, 2015.

Q12. Will the IME allow unspecified ICD-10 codes on claims?
Unspecified ICD-10 codes will be flagged by the IME with an informational edit.

Q13. What is the IME's policy regarding unspecified ICD-10 codes?
Providers will not be immediately penalized for using these codes, but the informational edit will be utilized as a provider educational tool.

Q14. What diagnosis code does a Waiver provider use to submit claims electronically?
Waiver providers billing in ICD-9 format use is V00.01 diagnosis code. In ICD-10 format the diagnosis code is Z76.89 (Persons encountering health services in other specified circumstances).

Q15. Will the IME follow CMS Local Coverage Determinations (LCD) and National Coverage Determination (NCD) policies for medical necessity?
The IME utilizes CMS' NCD's and LCD's as basis for many of its policies. Some IME policies have been enhanced for the transition to ICD-10. The IME will communicate ICD-10 policy changes via informational letters and will post them to the IME's ICD-10 webpage.

Testing Questions:

Q16. Does the IME have a specific ICD-10 contact or project lead to whom I should direct my ICD-10 testing questions to?
Ways to contact the IME regarding ICD-10:
      Toll Free: 1-800-338-7909 option 1, option 7
      Locally in Des Moines, call 515-256-4609 option 1, option 7
      Email at ICD-10project@dhs.state.ia.us

Q17. Is there any enrollment/credential policies required for testing? If so, what are they?
No, any provider who currently submits electronic claims to the IME for processing is allowed to complete testing.

Q18. How does the IME plan to test ICD-10 claims?

The IME is providing two testing methods for providers, clearinghouses, and billing agents to utilize for ICD-10 claim submission testing. Provider may complete direct claim submission by using CollabT or through EDISS Connect . CollabT is a software system developed by Edifecs, Noblis and CMS in accordance with CMS guidelines.

Q19. What claim types should providers test?

Dental, Institutional (Inpatient and Outpatient), and Professional claims are allowed to be submitted for testing.

Q20. Are providers able to submit both electronic and paper test claims?

No, the IME is only completing testing with electronic claims.

Q21. Will the IME support testing of claim submissions from clearinghouses?

Yes, the IME will support testing of ICD-10 claims submitted by clearinghouses on behalf of providers. All claim submitters (direct submitters, individual providers, clearinghouses, and billing vendors) will follow the same process by submitting test claims via EDISS Connect or by utilizing CollabT

Q22. Are there a minimum or maximum number of claims providers can test?

No, the IME encourages providers to test as many claims as possible.

Q23. Will the IME have file size limitations on ICD-10 test claim submissions? (i.e. claims per file)

No, the IME will not impose any limitations on file size or the number of claims on ICD-10 test claim submissions.

Q24. When can providers initiate ICD-10 testing?

Providers may initiate testing immediately. To register for ICD-10 testing, please complete the ICD-10 External Testing Registration form or contact the IME Provider Services unit at:

> Toll Free: 1-800-338-7909 option 1, option 7
> Locally in Des Moines at 515-256-4609 option 1, option 7
> Email at ICD-10project@dhs.state.ia.us

Q25. Is there a certain date of service ICD-10 claims must contain?

The IME will use a simulated ICD-10 go-live date of January 1, 2015, in our test environment. All ICD-10 claims must contain dates of service between January 1, 2015, and current dates of services.

Q26. What options are available for providers to submit ICD-10 test claims?

The IME is offering two testing options:

1. **Direct Claims Submittal** – This tool returns the 277 Claims Acknowledgement, 999 Implementation Acknowledgement and an electronic 835 Remittance Advice. Coding validation and revenue comparisons are not available with this tool. Submitters may begin the external End-to-End (E2E batch) process by sending ICD-10 test claims through the EDISS Connect account.

2. **Collaborative Testing Tool (CollabT) –** This tool was created by Edifecs, Noblis, and CMS in accordance with CMS rules and standards. CollabT includes batch submittal, coding validation reports, built-in clinical test cases by provider, taxonomy codes, and revenue comparison evaluations.

The IME is also offering two testing methodologies:

1. **End-to-End (E2E) Level 3 External Testing –** A batch based process with limited coding and revenue comparisons. Providers are able to submit a batch of claims that have been coded in ICD-10 format. Providers can complete E2E testing either by direct claims submittal or within CollabT.

2. **Business-to-Business (B2B) Level 3 External Testing –** a clinical scenario based process with coding validation between ICD-9 and ICD-10, provider taxonomy test programs, and revenue comparisons. Providers can only complete B2B testing within CollabT. Providers will be assigned either institutional or professional claims depending on services provided by the provider. The assigned claims will then be manually coded with ICD-10 codes by the coding staff and submitted for processing.